

(2) steps taken to ensure that the national media campaign operates in an effective and efficient manner consistent with the overall strategy and focus of the national media campaign;

(3) plans to purchase advertising time and space;

(4) policies and practices implemented to ensure that Federal funds are used responsibly to purchase advertising time and space and eliminate the potential for waste, fraud, and abuse; and

(5) all contracts entered into with a corporation, a partnership, or an individual working on behalf of the national media campaign.

(f) **AUTHORIZATION OF APPROPRIATIONS.**—For purposes of carrying out this section, there is authorized to be appropriated \$10,000,000 for each of fiscal years 2022 through 2026.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

#### GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2862.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 2862, the Campaign to Prevent Suicide Act.

Suicide, Madam Speaker, continues to be one of the leading causes of death in the United States. Last year alone, we lost more than 44,000 people to suicide deaths, placing a heavy toll on the families and friends of victims, as well as on our communities.

To help prevent suicides, we have created a lifeline that people can call when they are in crisis to get the help they need. This suicide prevention hotline has been available since 2004 through funding we have provided to the Substance Abuse and Mental Health Services Administration, and the call-in line has taken millions of calls since its inception.

Unfortunately, the call-in line was started as a 10-digit number that is hard to remember, and this could potentially be preventing essential access to support for those in crisis. In 2018, the National Suicide Hotline Improvement Act was passed with the goal of launching a new 3-digit number similar to 911 that is easy to remember during a time of crisis.

The Federal Communications Commission is now finalizing the process to launch this new 3-digit call-in line, 988, next year. Now we need to ensure people are aware of the new 3-digit number through a marketing of 988.

H.R. 2862 provides this essential next step in communicating the new lifeline number to the public, and will also

evaluate the effectiveness of the marketing to better understand how best to reach communities in need.

Madam Speaker, suicide deaths are a preventable tragedy, and this call-in line has the potential to help people in crisis and to save lives, but we need to educate people about this important resource.

Madam Speaker, I want to commend the lead sponsors of this legislation, Representatives BEYER and KINZINGER, and their staff, for their tireless work on this bill.

Madam Speaker, I urge my colleagues to support the bill, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 2862, the Campaign to Prevent Suicide Act, introduced by Representatives BEYER and KINZINGER.

This bill directs the Centers for Disease Control and Prevention and the Substance Abuse and Mental Health Services Administration to conduct a national suicide prevention education campaign, this includes promotion of the new 988 number for the National Suicide Prevention Lifeline.

The bill also helps educate Americans on ways to engage people showing signs of suicidal behavior, in order to provide them with the support they need. The bill is desperately needed as we work as a nation to emerge from an unprecedented health and economic crisis.

Madam Speaker, I ask my colleagues to come together here today and advance this legislation.

Again, this is important in terms of having the 988 number, people can reach out and have intervention. We know intervention and prevention and recognition is key to preventing people from committing suicide.

Madam Speaker, I appreciate my friends, Mr. BEYER and Mr. KINZINGER, for bringing this forward. I urge its passage.

Madam Speaker, I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, as my colleague from Kentucky explained, this is a very important piece of legislation to make people aware of this 988 number to prevent suicide.

Madam Speaker, I would urge my colleagues on a bipartisan basis to support this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2862, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mrs. GREENE of Georgia. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

### SUICIDE PREVENTION LIFELINE IMPROVEMENT ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2981) to amend the Public Health Service Act to ensure the provision of high-quality service through the Suicide Prevention Lifeline, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2981

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Suicide Prevention Lifeline Improvement Act of 2021”.

#### SEC. 2. SUICIDE PREVENTION LIFELINE.

(a) **PLAN.**—Section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c) is amended—

(1) by redesignating subsection (c) as subsection (e); and

(2) by inserting after subsection (b) the following:

“(c) **PLAN.**—

“(1) **IN GENERAL.**—For purposes of maintaining the suicide prevention hotline under subsection (b)(2), the Secretary shall develop and implement a plan to ensure the provision of high-quality service.

“(2) **CONTENTS.**—The plan required by paragraph (1) shall include the following:

“(A) Quality assurance provisions, including—

“(i) clearly defined and measurable performance indicators and objectives to improve the responsiveness and performance of the hotline, including at backup call centers; and

“(ii) quantifiable timeframes to track the progress of the hotline in meeting such performance indicators and objectives.

“(B) Standards that crisis centers and backup centers must meet—

“(i) to participate in the network under subsection (b)(1); and

“(ii) to ensure that each telephone call, online chat message, and other communication received by the hotline, including at backup call centers, is answered in a timely manner by a person, consistent with the guidance established by the American Association of Suicidology or other guidance determined by the Secretary to be appropriate.

“(C) Guidelines for crisis centers and backup centers to implement evidence-based practices including with respect to followup and referral to other health and social services resources.

“(D) Guidelines to ensure that resources are available and distributed to individuals using the hotline who are not personally in a time of crisis but know of someone who is.

“(E) Guidelines to carry out periodic testing of the hotline, including at crisis centers and backup centers, during each fiscal year to identify and correct any problems in a timely manner.

“(F) Guidelines to operate in consultation with the State department of health, local governments, Indian tribes, and tribal organizations.

“(3) **INITIAL PLAN; UPDATES.**—The Secretary shall—

“(A) not later than 6 months after the date of enactment of the Suicide Prevention Lifeline Improvement Act of 2021, complete development of the initial version of the plan

required by paragraph (1), begin implementation of such plan, and make such plan publicly available; and

“(B) periodically thereafter, update such plan and make the updated plan publicly available.”.

(b) TRANSMISSION OF DATA TO CDC.—Section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c) is amended by inserting after subsection (c) of such section, as added by subsection (a) of this section, the following:

“(d) TRANSMISSION OF DATA TO CDC.—The Secretary shall formalize and strengthen agreements between the National Suicide Prevention Lifeline program and the Centers for Disease Control and Prevention to transmit any necessary epidemiological data from the program to the Centers, including local call center data, to assist the Centers in suicide prevention efforts.”.

(c) AUTHORIZATION OF APPROPRIATIONS.—Subsection (e) of section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c) is amended to read as follows:

“(e) AUTHORIZATION OF APPROPRIATIONS.—“(1) IN GENERAL.—To carry out this section, there are authorized to be appropriated \$50,000,000 for each of fiscal years 2022 through 2024.

“(2) ALLOCATION.—Of the amount authorized to be appropriated by paragraph (1) for each of fiscal years 2022 through 2024, at least 80 percent shall be made available to crisis centers.”.

### SEC. 3. PILOT PROGRAM ON INNOVATIVE TECHNOLOGIES.

(a) PILOT PROGRAM.—

(1) IN GENERAL.—The Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall carry out a pilot program to research, analyze, and employ various technologies and platforms of communication (including social media platforms, texting platforms, and email platforms) for suicide prevention in addition to the telephone and online chat service provided by the Suicide Prevention Lifeline.

(2) AUTHORIZATION OF APPROPRIATIONS.—To carry out paragraph (1), there is authorized to be appropriated \$5,000,000 for the period of fiscal years 2022 and 2023.

(b) REPORT.—Not later than 24 months after the date on which the pilot program under subsection (a) commences, the Secretary of Health and Human Services, acting through the Assistant Secretary for Mental Health and Substance Use, shall submit to the Congress a report on the pilot program. With respect to each platform of communication employed pursuant to the pilot program, the report shall include—

- (1) a full description of the program;
- (2) the number of individuals served by the program;
- (3) the average wait time for each individual to receive a response;
- (4) the cost of the program, including the cost per individual served; and
- (5) any other information the Secretary determines appropriate.

### SEC. 4. HHS STUDY AND REPORT.

Not later than 24 months after the Secretary of Health and Human Services begins implementation of the plan required by section 520E-3(c) of the Public Health Service Act, as added by section 2(a)(2) of this Act, the Secretary shall—

- (1) complete a study on—
  - (A) the implementation of such plan, including the progress towards meeting the objectives identified pursuant to paragraph (2)(A)(i) of such section 520E-3(c) by the timeframes identified pursuant to paragraph (2)(A)(ii) of such section 520E-3(c); and
  - (B) in consultation with the Director of the Centers for Disease Control and Prevention,

options to expand data gathering from calls to the Suicide Prevention Lifeline in order to better track aspects of usage such as repeat calls, consistent with applicable Federal and State privacy laws; and

(2) submit a report to the Congress on the results of such study, including recommendations on whether additional legislation or appropriations are needed.

### SEC. 5. GAO STUDY AND REPORT.

(a) IN GENERAL.—Not later than 24 months after the Secretary of Health and Human Services begins implementation of the plan required by section 520E-3(c) of the Public Health Service Act, as added by section 2(a)(2) of this Act, the Comptroller General of the United States shall—

(1) complete a study on the Suicide Prevention Lifeline; and

(2) submit a report to the Congress on the results of such study.

(b) ISSUES TO BE STUDIED.—The study required by subsection (a) shall address—

- (1) the feasibility of geolocating callers to direct calls to the nearest crisis center;
- (2) operation shortcomings of the Suicide Prevention Lifeline;
- (3) geographic coverage of each crisis call center;
- (4) the call answer rate of each crisis call center;
- (5) the call wait time of each crisis call center;
- (6) the hours of operation of each crisis call center;
- (7) funding avenues of each crisis call center;
- (8) the implementation of the plan under section 520E-3(c) of the Public Health Service Act, as added by section 2(a) of this Act, including the progress towards meeting the objectives identified pursuant to paragraph (2)(A)(i) of such section 520E-3(c) by the timeframes identified pursuant to paragraph (2)(A)(ii) of such section 520E-3(c); and
- (9) service to individuals requesting a foreign language speaker, including—

- (A) the number of calls or chats the Lifeline receives from individuals speaking a foreign language;
- (B) the capacity of the Lifeline to handle these calls or chats; and
- (C) the number of crisis centers with the capacity to serve foreign language speakers, in house.

(c) RECOMMENDATIONS.—The report required by subsection (a) shall include recommendations for improving the Suicide Prevention Lifeline, including recommendations for legislative and administrative actions.

### SEC. 6. DEFINITION.

In this Act, the term “Suicide Prevention Lifeline” means the suicide prevention hotline maintained pursuant to section 520E-3 of the Public Health Service Act (42 U.S.C. 290bb-36c).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

#### GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2981.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 2981, the Suicide Prevention Lifeline Improvement Act.

We have spoken a lot about suicide prevention today and recognize that this is an issue we have to address to save the lives of Americans who are in the prime of their life. And we have tens of thousands of people dying every year from suicide, and millions of people struggling with mental health issues, many of which have been exacerbated by the COVID-19 pandemic.

Fortunately, the Federal Government provides dedicated funding for a lifeline that people can call when they are in crisis, and we have recently made major investments in improving this lifeline by changing it to a 3-digit number, 988. That change is in the works now, Madam Speaker.

□ 1545

This bill will increase support for the National Suicide Prevention Lifeline to ensure that those who make the call are able to get high quality crisis service. The lifeline's network has now over 170 local call centers that answer millions of calls every year. However, we need to provide additional funding so this lifeline can respond to increasing demands. The legislation will also enhance coordination of services as well as data sharing while extending the capacity for local communities to provide services.

This bill, Madam Speaker, will ensure that the lifeline has the sufficient level of resources needed to provide high quality services for people who are reaching out for help.

Again, I want to commend the lead sponsors of this bill, Representatives KATKO, BEYER, and NAPOLITANO, and their staff for their tireless work on this bill.

Madam Speaker, I urge my colleagues to support H.R. 2981, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in strong support of H.R. 2981, the Suicide Prevention Lifeline Improvement Act of 2021, introduced by Representatives KATKO, NAPOLITANO, and BEYER. This legislation will increase the authorization of the National Suicide Prevention Lifeline program to \$50 million a year and ensures funding is available for the continued operation of the suicide hotline.

When an individual in crisis calls the suicide hotline, they cannot get a busy signal. This is crucial in this time of economic distress and social isolation caused by the COVID-19 pandemic. With more individuals in crisis, more calls will come. We must increase awareness of this critical resource and make it easier to remember the number. We must make sure the national suicide hotline is prepared to deal with those in crisis.

Madam Speaker, I urge my colleagues to support this important legislation.

Madam Speaker, I yield 3 minutes to the gentleman from New York (Mr. KATKO).

Mr. KATKO. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, I rise in strong support of the Suicide Prevention Lifeline Improvement Act. I was proud to introduce this legislation alongside my good friends and tremendous leaders on mental health issues, Congresswoman NAPOLITANO and Congressman BEYER.

Every year during Mental Health Awareness Month, I stand before this body to highlight the mental health crisis facing our Nation and the urgent need for action. This year, however, the issue is more critical than ever.

As the coronavirus pandemic impacted nearly every aspect of our society and daily lives, we saw devastating increases in the number of Americans suffering from mental health issues. One report by the Centers for Disease Control last June indicated that 40 percent of U.S. adults reported struggling with mental health or substance use, with nearly 11 percent of adults and over 25 percent of those aged 18 to 24 years old having seriously considered suicide. Those are stunning numbers. The threat of this pandemic was not solely a physical or financial one. It has taken a toll on the mental health of millions upon millions of Americans, and they need our support.

I am pleased that the bipartisan Suicide Prevention Lifeline Improvement Act takes important steps to provide individuals in crisis with lifesaving aid and resources by improving and strengthening the National Suicide Prevention Lifeline. Since its creation, the lifeline has been significantly underfunded and plagued with issues, like long call wait times and lack of consistency.

This bill increases the authorization from \$12 million to \$50 million, and dedicates 80 percent of that funding to local suicide crisis centers that are the backbone of the lifeline, like Contact Community Services in Syracuse, which literally saves lives every day.

The legislation also implements important quality assurance measures including the requirement to eliminate call wait times and implement evidence-based practices like follow-up and referrals to other health services that are required. For too long, the mental health and suicide crisis in our country has gone unspoken, underfunded and under-recognized. It is time we address this crisis as what it is: a crisis.

Madam Speaker, I urge my colleagues to support H.R. 2981 and other important mental health bills on the floor today.

Mr. PALLONE. Madam Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. GUTHRIE. In closing, Madam Speaker, I appreciate my colleagues for

working very hard on this bill and all the bills for suicide preservation.

Madam Speaker, I urge its passage, and I yield back the balance of my time.

Mr. PALLONE. In closing, Madam Speaker, this, again, is a bill to try to improve the lifeline and the use of the new 988 number. I urge its support, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2981.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

### SUICIDE PREVENTION ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2955) to authorize a pilot program to expand and intensify surveillance of self-harm in partnership with State and local public health departments, to establish a grant program to provide self-harm and suicide prevention services in hospital emergency departments, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2955

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Suicide Prevention Act".

#### SEC. 2. SYNDROMIC SURVEILLANCE OF SELF-HARM BEHAVIORS PROGRAM.

Title III of the Public Health Service Act is amended by inserting after section 317U of such Act (42 U.S.C. 247b-23) the following:

##### "SEC. 317V. SYNDROMIC SURVEILLANCE OF SELF-HARM BEHAVIORS PROGRAM.

"(a) IN GENERAL.—The Secretary shall award grants to State, local, Tribal, and territorial public health departments for the expansion of surveillance of self-harm.

"(b) DATA SHARING BY GRANTEEES.—As a condition of receipt of such grant under subsection (a), each grantee shall agree to share with the Centers for Disease Control and Prevention in real time, to the extent feasible and as specified in the grant agreement, data on suicides and self-harm for purposes of—

"(1) tracking and monitoring self-harm to inform response activities to suicide clusters;

"(2) informing prevention programming for identified at-risk populations; and

"(3) conducting or supporting research.

"(c) DISAGGREGATION OF DATA.—The Secretary shall provide for the data collected through surveillance of self-harm under subsection (b) to be disaggregated by the following categories:

"(1) Nonfatal self-harm data of any intent.

"(2) Data on suicidal ideation.

"(3) Data on self-harm where there is no evidence, whether implicit or explicit, of suicidal intent.

"(4) Data on self-harm where there is evidence, whether implicit or explicit, of suicidal intent.

"(5) Data on self-harm where suicidal intent is unclear based on the available evidence.

"(d) PRIORITY.—In making awards under subsection (a), the Secretary shall give priority to eligible entities that are—

"(1) located in a State with an age-adjusted rate of nonfatal suicidal behavior that is above the national rate of nonfatal suicidal behavior, as determined by the Director of the Centers for Disease Control and Prevention;

"(2) serving an Indian Tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act) with an age-adjusted rate of nonfatal suicidal behavior that is above the national rate of nonfatal suicidal behavior, as determined through appropriate mechanisms determined by the Secretary in consultation with Indian Tribes; or

"(3) located in a State with a high rate of coverage of statewide (or Tribal) emergency department visits, as determined by the Director of the Centers for Disease Control and Prevention.

"(e) GEOGRAPHIC DISTRIBUTION.—In making grants under this section, the Secretary shall make an effort to ensure geographic distribution, taking into account the unique needs of rural communities, including—

"(1) communities with an incidence of individuals with serious mental illness, demonstrated suicidal ideation or behavior, or suicide rates that are above the national average, as determined by the Assistant Secretary for Mental Health and Substance Use;

"(2) communities with a shortage of prevention and treatment services, as determined by the Assistant Secretary for Mental Health and Substance Use and the Administrator of the Health Resources and Services Administration; and

"(3) other appropriate community-level factors and social determinants of health such as income, employment, and education.

"(f) PERIOD OF PARTICIPATION.—To be selected as a grant recipient under this section, a State, local, Tribal, or territorial public health department shall agree to participate in the program for a period of not less than 4 years.

"(g) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance and training to grantees for collecting and sharing the data under subsection (b).

"(h) DATA SHARING BY HHS.—Subject to subsection (b), the Secretary shall, with respect to data on self-harm that is collected pursuant to this section, share and integrate such data through—

"(1) the National Syndromic Surveillance Program's Early Notification of Community Epidemics (ESSENCE) platform (or any successor platform);

"(2) the National Violent Death Reporting System, as appropriate; or

"(3) another appropriate surveillance program, including such a program that collects data on suicides and self-harm among special populations, such as members of the military and veterans.

"(i) RULE OF CONSTRUCTION REGARDING APPLICABILITY OF PRIVACY PROTECTIONS.—Nothing in this section shall be construed to limit or alter the application of Federal or State law relating to the privacy of information to data or information that is collected or created under this section.

"(j) REPORT.—

"(1) SUBMISSION.—Not later than 3 years after the date of enactment of this Act, the